



Manchester Health Department
1528 Elm Street
Manchester, NH 03101
Tel: (603) 624-6466 Fax: (603) 628-6004

ABRASIVE PAINT REMOVAL PERMIT

Building Address: _____

Area of building to receive abrasive paint removal (specify) _____

Building owner: _____

Owner address: _____ Telephone #: _____

Removal Company Name: _____

Abatement License Contractor # _____

Address: _____ Telephone #: _____

Project / Site Manager: _____

Start Date: _____ End date: _____

Lead Test Result: Positive / Negative Method Used: _____

Abutters Name: _____ Name: _____

Address: _____ Address: _____

Authorized Signature: _____ Authorized Signature: _____

Address: _____ Address: _____

Authorized Signature: _____ Authorized Signature: _____

The abrasive removal project shall adhere to Chapter 91 of the City of Manchester Code of Ordinances and all other applicable State and Federal regulations.

No project shall begin until an approval is received by the Manchester Health Department.

Applicant's Signature: _____ Date: _____

Health Department use only

Approved by: _____ Date: _____